

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY JUVENILE COURT

In the matter of Guardianship of \_\_\_\_\_

Case Number JG \_\_\_\_\_

### JUVENILE GUARDIANSHIP INFORMATION SHEET

A Minor ☐ Female ☐ Male

**THIS FORM IS TO BE COMPLETED BY THE PETITIONER(S) AND RETURNED  
TO THE CLERK AT THE TIME OF FILING THE PETITION.**

This information is confidential and for Court use only, and is not part of the public record.

DESCRIPTION OF	PETITIONER	CO-PETITIONER
Name		
Address		
City, State, Zip		
Telephone Number	(     )	(     )
Date of Birth		
Social Security Number		
Passport Number		
Ethnicity		
Height		
Weight		
Color of Hair		
Color of Eyes		
Relationship to person(s) to be protected		

Private Fiduciary Certification or Licensing Number: \_\_\_\_\_

Date of birth of Minor(s): (Month/Day/Year) \_\_\_\_\_

Is the person you are seeking to assist a foreign national? ☐ Yes ☐ No

If yes, please specify country: \_\_\_\_\_

Is the Minor(s) or a sibling of the Minor(s) involved in a Juvenile Dependency action? ☐ YES ☐ NO

Will you or any person required to receive notice need a court interpreter? ☐ YES ☐ NO

If "Yes", what language(s) ? \_\_\_\_\_